

Air Force Sergeants Association GIFT MEMBERSHIP



YES, I wish to present an AFSA Gift Membership to the following individual(s).

GIVER'S NAME (print) _____ Rank _____

AFSA Membership # _____ Phone _____

Giver's Address (as it appears on your charge card) _____

City/State/Zip _____

Personal email address _____

1) **GIFT RECIPIENTS NAME** _____ Rank _____

Address _____

City/State/Zip _____

Email address _____ Phone _____

MEMBERSHIP AFSA Military FAMILY MEMBER ASSOCIATE
MEMBERSHIP TERM: One Year \$36 Two Years \$63 Three Years \$89
LIFE MEMBERSHIP: 40/under \$650 41-50 \$550 51-60 \$450 Age 61 & over \$350
COMPONENT: AFAD ANG AFRC Other _____
STATUS: Active Retired Veteran Other _____
CHAPTER ASSIGNMENT Assign to Chapter # _____ Assign to closest Chapter

2) **GIFT RECIPIENTS NAME** _____ Rank _____

Address _____

City/State/Zip _____

Email address _____ Phone _____

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PAYMENT METHOD: Please do NOT send checks drawn on foreign banks, or send cash by mail. Overpayments are applied to the AMF.
 Check/Money Order AmEx VISA Discover MasterCard

TOTAL AMOUNT TO BE PAID/BILLED \$ _____

Credit Card # _____ Sec Code _____ Exp. Mont/Year ____/____

AUTO RENEWAL: I authorize the AFSA HQ to auto renew the annual dues from the credit card number as listed above at the prevailing membership dues rate at time of renewal.

Email address confirmation: _____

Signature _____ Date _____

Make checks payable and send to: AFSA, 5211 Auth Road, Suitland, Maryland 20746

For additional information: 1-800-638-0594 x 288 | www.hqafsa.org
Membership dues are non-refundable and subject to payment/credit card approval.

2/10/16